

# Southern Nevada Health District Update

## Preventing Suicide: An Integrated Approach



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This past spring a controversial drama was released that depicted a teenager's suicide. The show, *13 Reasons Why*, stirred up conversations about suicide and had health care and public health professionals struggling to respond to a fictional portrayal that broke long-standing recommendations for how this serious public health issue should be represented in the media. During the month of September, as we commemorate National Suicide Prevention Week and World Suicide Prevention Day, it is an opportune time to reflect on the important role health care professionals can play in identifying patients who may be having suicidal thoughts or be planning to harm themselves.

While mental health care professionals play key roles in screening patients, primary care physicians and their staff are often the only points of contact for a patient within the health care system. Ensuring that primary care physicians and their staff receive training and are aware of available resources should be a priority for all health professionals. It is important to emphasize a primary prevention approach that addresses factors that put people at risk for engaging in suicidal behavior.

Society has come a long way in its views of suicide, but much of the stigma associated with the topic remains. Health care and public health professionals can begin the conversation with all patients, clients, and their families to let them know what information and tools are available to them. Suicide is not one individual's problem. Suicide, a suicide attempt, and other attempts at self-harm impact not just the health of the individual; it impacts the family, the community, and society as a whole. There are public health implications and community factors that may involve familial relationships (the quality of parent-child relationships), social support systems (connectedness to people or institutions), and the availability of mental health services (mental health or substance abuse issues). To reduce the risk for individuals, they must be made aware of the availability of resources in place to address these issues. Health care providers are in a uniquely qualified position to identify patients who may be at risk and to provide information and access to the necessary resources.

Given this information, should primary care physicians be screening all their patients for a risk of suicide? Probably not. In 2013, the U.S. Preventive Services Task Force found that "limited evidence suggests that primary care-feasible screening instruments may be able to identify adults at increased risk of suicide" and that based on the evidence, screening is

more effective if it is "more limited in older adults and adolescents." Many of the instruments also tend to produce a high rate of false positives for suicide risk when administered in adults. It is useful for primary care physicians to include broader mental health or depression screenings into their practices, and these screenings should embed questions that can identify risks for suicide in patients.

No screening tool is perfect, and that is why all health care providers should undergo training to ensure they are providing the highest level of care to their patients. The Suicide Prevention Resource Center makes the following recommendations if you choose to implement a screening process or use a screening instrument:

- Choose a tool that has been demonstrated to be effective with the population you are planning to screen or assess.
- Ensure you have the resources available to assist or refer patients that may be identified using the screening process.
- Ask the following questions when choosing the assessment tool:
  - o Has the instrument been evaluated and found effective?
  - o Is there a cost associated when using the instrument?
  - o For what age group was the instrument developed?
  - o How long does it take to screen or assess an individual?
  - o Who will conduct the screening or assessment?  
Paraprofessionals? Health care professionals?  
Mental health professionals?
  - o Does using the instrument require training? If so, how expensive is the training, and how many people will need to be trained?
  - o Will all patients be screened, if not how will they be selected?

The topic of suicide is one that holds a keen interest for many health care providers in Nevada. For too long, Nevada has held the dubious distinction of ranking in the top 10 for its suicide rate. Recently, the state has seen a decline, now ranking 11th among the states. In 2016, the Nevada Division of Public and Behavioral Health (DPBH) reported that 615 residents committed suicide. Of those, 395 were Clark County residents. These are too many lives lost and too many families and communities impacted. While there are no easy answers and not one prescribed approach, as health care providers and public health practitioners we must ensure we have the resources in place to meet our patients' needs.

More information and additional resources are available on the DPBH Office of Suicide Prevention website at <http://suicideprevention.nv.gov/>.

